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2005-303C 98-54C

Comcast Cable One Comcast Center Philadelphia, PA 19103-2838

October 29, 2009

VIA U.S. MAIL

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

Re: Authorized Utility Representative Form for Telecommunications Carriers

Comcast Phone of South Carolina, Inc.

Dear Sir or Madam,

Comcast Phone of South Carolina, Inc. respectfully submits the Authorized Utility Representative Form for Telecommunications Carriers.

Please stamp the enclosed copy with the receipt date and return it in the self-addressed, stamped envelope provided. If there should be any questions please contact the undersigned at (215) 286-8667.

RELIE

Respectfully submitted,

Lisa L. Møglia

Director, Telephony Regulation

Enclosure

cc: Office of Regulatory Staff

Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC [X]CLEC []ILEC []Wireless

	CERTIFICATED COMI	PANY INFORMATION
Со	emcast Phone of South Carolina, Inc.	
	pany Name	
		215-286-1700
Oba/f	rka ranga da karangan kanangan karangan karangan karangan kanangan karangan karangan karangan karangan karangan	Telephone #
•	Comcast Center	
	ng Address	
	delphia, PA 19103	
	State, Zip Code	
	Belle Oaks Dr	
	ess Location	
	Charleston, SC 29405	
City,	State, Zip Code	County
	REGISTERED AGE	NT INFORMATION
Reais	stered Agent: CT Corporation	
/lailir	ng Address: 75 Beattie Place	
	nville, SC 29601	
	State, Zip Code	
		print or type company contact for the following a
		with a state of the state of th
	Bill Watson 4400 Belle Oaks Dr North Ch	narleston, SC 29405
٨.	General Manager (Include Address if different	
		/ bill_watson@cable.comcast.com
	Telephone Number / Facsimile Number	
	1-800-COMCAST	
3.	Customer Relations/Complaints Represent	ative (Include Address if different than above)
		. 1
	Telephone Number / Facsimile Number	/ E-mail Address
	Maria Graham-Baptist One Comcast Center	
:1.		ative for Escalated Complaints (Include Address
	different than above)	
	<u>215-286-4812 / </u>	/maria_graham-baptist@cable.comcast.com
	Telephone Number / Facsimile Number	/ E-mail Address
	1-800-COMCAST	
2.	Customer Contact (Toll Free Number)	
	David Harris 4400 Belle Oaks Dr North Ch	iarleston SC 29405
) .	Engineering Operations (Include Address if	
٠.	843-266-3153 /	/david_harris@cable.comcast.com

	Douglas Anthony 440	00 Belle Oaks Dr Nort	h Charleston, SC 29405		
Ξ.	Test and Repair (Include Address if different than above)				
	(843) 266-3120	<u> </u>	/douglas_anthony@cable.comcast.com		
	Telephone Number /	Facsimile Number	/ E-mail Address		
F.	Emergencies (During Non	-Office Hours)			
	T I I NI I	/	1		
	Telephone Number	Facsimile Number	/ E-mail Address		
n add	dition please provide the	following company c	contact information to assist in proper routing of		
orres	spondence and invoices:	tollowing company c	contact information to assist in proper routing of		
	Richard Wolfe	600 Galleria Parkway	Atlanta, GA 30339		
€.	Regulatory Officer (Inc				
		678-385-5101	/richard_wolfe@cable.comcast.com		
	Telephone Number /	Facsimile Number	/ E-mail Address		
	Richard Wolfe				
1.	Dual Party Mailings (Name)				
	600 Galleria Parkway At	anta, GA 30339			
	(Mailing Address)				
	<u>678-385-5178</u> //	678-385-5101	/richard_wolfe@cable.comcast.com		
	Telephone Number / F	acsimile Number	/ E-mail Address		
	Lisa Moglia				
	Interim LEC Fund Mailings (Name)				
	One Comcast Center Ph	<u>ıiladelphia, PA 19103</u>			
	(Mailing Address)				
		215-286-8414 <i>/</i>	lisa_moglia@cable.comcast.com		
	•	acsimile Number	/ E-mail Address		
	Lisa Moglia				
J.		Universal Service Fund Mailings (Name)			
	One Comcast Center Pt	<u>iiladelphia, PA 19103</u>			
	(Mailing Address)	245 000 0444			
			lisa moglia@cable.comcast.com		
	•	acsimile Number	/ E-mail Address		
, ,	Lisa Moglia	- (Nama)			
.•	Gross Receipts Mailings (Name) One Comcast Center Philadelphia, PA 19103				
	(Mailing Address)	iliaueipilia, FA 19105			
	,	215-286-8414 /	lica maglia@aabla aamaaat aam		
		acsimile Number	lisa_moglia@cable.comcast.com / E-mail Address		
· · – · –	··-·-·				
	Lisa Moglia		Was Modea		
	This form was complete	ed by	Signature		
	Director, Telepho	•	/ 10/29/09		
	Title		/ Date		
ETUR	RN COMPLETED FORM TO:	Public Service Co			
		Docketing Depai	rtment		
		Post Office Drawe			
		Columbia, South And	Carolina 29211		
		Office of Regulat	ory Staff		
		Attn: Jeanne Go	ordon		
		1401 Main Street	t, Suite 900		

Columbia, South Carolina 29201

(Rev. PSC/ORS 08)